

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 75-1

Township Percell

Primary Registration District No. 5-114

City Joe Edward Eaton,

File No. 37094

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Betty Eaton,
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/24th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 # 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

13. NAME John Eaton.

14. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

15. MAIDEN NAME Ann Garden,

16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

17. INFORMANT Jake Eaton,
(ADDRESS) Harrisburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL Io/ 30th 1937
PLACE Harrisburg, DATE

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Nov 10, 1937 Mrs. H. Gullett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29th 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1937, to 10-29, 1937.

I last saw him alive on 10-28, 1937. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Date of onset 1-1-37

Other contributory causes of importance:

Rheumatism for fifteen years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. Gullett, M. D.

(Address) Harrisburg Mo

